

**Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form**

(Government Code Sections 84200-84216.5)
SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink.

Statement covers period

from 1-1-92

through 6-30-92

Date of Election

If applicable:
(Month, Day, Year)

Date Stamp
RECEIVED

JUL 28 PM 3:10

LIDE N. KENNY
CITY CLERK
CITY OF Lodi

CALIFORNIA
1991 FORM **490**

Page 1 of 2

A For Official Use Only

Witnessed by Alvin H. Bunch
City Clerk 7/28/92

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement)
☒ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement)

OFFICE Sought OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

95242 (209)

COMMITTEE TO ELECT PHILIP PENNINO 902421
COMMITTEE ADDRESS (NO AND STREET)

1502 KEAGLE WAY
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95242 209/942-1730
NAME OF TREASURER:

MATTHEW MCGLADDERY
PERMANENT ADDRESS OF TREASURER (NO AND STREET)

751 DORCHESTER CIRCLE
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95240 209/334-3497

COMMITTEE NAME: ID NUMBER

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME: ID NUMBER

NAME OF TREASURER: CONTROLLED COMMITTEE?

COMMITTEE ADDRESS (NO AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

Treasurer:

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-23-92 At Lodi, CALIFORNIA
DATE CITY AND STATE

By Matthew McGladdery
SIGNATURE OF TREASURER

Officeholder or Candidate:

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-24-92 At Lodi Ca 95242
DATE CITY AND STATE

By Philip Pennino
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission.

Campaign Disclosure Statement Summary Page

Type or Print in Ink.
Amounts may be rounded
to whole dollars.

Statement covers period

SUMMARY PAGE

CALIFORNIA
1991 FORM **490**

from -92

through 6-30-92

Page 2 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

PHILLIP A. PENNINO

I.D. NUMBER

902421

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3 \$	<u>-0-</u>	<u>6,229</u>	<u>6,229</u>
2. Loans Received Schedule B, Line 7	<u>-0-</u>	<u>1,750</u>	<u>1,750</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$	<u>-0-</u>	<u>7,979</u>	<u>7,979</u>
4. Non-monetary Contributions Schedule C, Line 3	<u>-0-</u>	<u>1,158</u>	<u>1,158</u>
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises) Add Lines 3 + 4 \$	<u>-0-</u>	<u>9,137</u>	<u>9,137</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6 \$	<u>-0-</u>	<u>9,137</u>	<u>9,137</u>

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5 \$	<u>-0-</u>	<u>7,564</u>	<u>7,564</u>
9. Loans Made Schedule H, Line 7	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9 \$	<u>-0-</u>	<u>7,564</u>	<u>7,564</u>
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11 \$	<u>-0-</u>	<u>7,564</u>	<u>7,564</u>

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17 \$	<u>415</u>
14. Cash Receipts Column A, Line 3 above	<u>-0-</u>
15. Miscellaneous Increases to Cash Schedule I, Line 4	<u>-0-</u>
16. Cash Payments Column A, Line 10 above	<u>-0-</u>
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	<u>415</u>
If this is a Termination Statement, Line 17 must be zero.	

*From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b) \$	<u>-0-</u>
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Cash Equivalents and Outstanding Debts

19. Cash Equivalents See instructions on reverse \$	<u>-0-</u>
20. Outstanding Debts Add Line 2 + Line 11 in Column C above \$	<u>1,750</u>

	1/1 thru 6/30	7/1 to Date
21. Contributions Received \$	<u>-0-</u>	<u>-0-</u>
22. Expenditures Made \$	<u>-0-</u>	<u>-0-</u>

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink.

Statement covers period

Date Stamp

from 1-1-92

through 6-30-92

Date of Election

If applicable:
(Month, Day, Year)RECEIVED
JUN 28 PM 3:00
CITY CLERK
CITY OF LODICALIFORNIA
1991 FORM 490

Page 1 of 2

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Audited by (Name) Remote,
City Clerk
7/28/92

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
- ☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- ☒ Semi-annual Statement
- ☐ Termination Statement (Attach a completed Form 415 to this statement.)

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

PHILLIP A. PENNINO

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUNCILMEMBER

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1502 KEAGLE WAY

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

LODI

CA

95242

(209) 942-1730

COMMITTEE NAME

I.D. NUMBER

COMMITTEE TO ELECT PHILLIP PENNINO

902421

COMMITTEE ADDRESS

(NO. AND STREET)

1502 KEAGLE WAY

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

LODI

CA

95242

209/942-1730

NAME OF TREASURER

MATTHEW McGLADDERY

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

751 DORCHESTER CIRCLE

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

LODI

CA

95240

209/334-3497

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

Treasurer:

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7-23-92

DATE

LODI, CALIFORNIA

CITY AND STATE

By

Matthew McGladdery

SIGNATURE OF TREASURER

Officeholder or Candidate:

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7-24-92

DATE

LODI, CA 95242

CITY AND STATE

By

Phillip A. Pennino

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Campaign Disclosure Statement Summary Page

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to whole dollars.

SUMMARY PAGE

Statement covers period

from 1-1-92

through 6-30-92

CALIFORNIA
1991 FORM 490

Page 2 of 2

I.D. NUMBER

902421

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

PHILLIP A. PERUINO

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions.....	Schedule A, Line 3	\$ -0-	\$ 6,229	\$ 6,229
2. Loans Received.....	Schedule B, Line 7	-0-	1,750	1,750
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ -0-	\$ 7,979	\$ 7,979
4. Non-monetary Contributions.....	Schedule C, Line 3	-0-	1,158	1,158
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises).....	Add Lines 3 + 4	\$ -0-	\$ 9,137	\$ 9,137
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below).....	Schedule D, Line 7	-0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 5 + 6	\$ -0-	\$ 9,137	\$ 9,137

Expenditures Made

8. Cash Payments (Other than Loans Made).....	Schedule E, Line 5	\$ -0-	\$ 7,564	\$ 7,564
9. Loans Made.....	Schedule H, Line 7	-0-	-0-	-0-
10. SUBTOTAL CASH PAYMENTS.....	Add Lines 8 + 9	\$ -0-	\$ 7,564	\$ 7,564
11. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 5	-0-	-0-	-0-
12. TOTAL EXPENDITURES MADE.....	Add Lines 10 + 11	\$ -0-	\$ 7,564	\$ 7,564

Current Cash Statement

13. Beginning Cash Balance.....	Previous Summary Page, Line 17	\$ 415
14. Cash Receipts.....	Column A, Line 3 above	-0-
15. Miscellaneous Increases to Cash.....	Schedule I, Line 4	-0-
16. Cash Payments.....	Column A, Line 10 above	-0-
17. ENDING CASH BALANCE.....	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 415

If this is a Termination Statement, Line 17 must be zero.

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NOT BE A NEGATIVE AMOUNT

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18. LOAN GUARANTEES RECEIVED.....	Schedule B, Part I, Column (b)	\$ -0-
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Cash Equivalents and Outstanding Debts

19. Cash Equivalents.....	See instructions on reverse	\$ -0-
20. Outstanding Debts.....	Add Line 2 + Line 11 in Column C above	\$ 1,750

Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
21. Contributions Received.....	\$ -0-	-0-
22. Expenditures Made.....	\$ -0-	-0-